

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	599	9-27
EXAMINER	87 386	9-28-91
TYPIST	1000	9/28/91
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim		Date					
Final	Original	1	2	3	4	5	6
1	1	✓	✓	✓	✓	✓	✓
2	2			✓	✓	✓	✓
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- N Restricted
- Non-elected
- I Interference
- A Appeal
- O Objected

Claim		Date					
Final	Original	1	2	3	4	5	6
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